

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

15 PLACE OF DEATH 6 AND 86 USUAL RESIDENCE 0202	1. PLACE OF DEATH A. COUNTY YUMA		B. LENGTH OF STAY IN THIS TOWN 15 mo. IN ARIZONA 8 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Yuma				
	C. CITY OR TOWN YUMA		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Yuma				
	D. FULL NAME OF HOSPITAL OR INSTITUTION Yuma County Gen Hosp				D. STREET ADDRESS Yuma County Airport				
DECEDENT PERSONAL DATA 67 4 655	3. NAME OF DECEASED (TYPE OR PRINT) CHARLES		B. (MIDDLE) ROYCE		C. (LAST) HAUKE		4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
	6B. NAME OF SPOUSE Lillian P. Hauke		7. DATE OF BIRTH MONTH DAY YEAR Nov 3 1887		8. AGE (IN YEARS LAST BIRTHDAY) 67		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Civil Engineer		
	9B. KIND OF BUSINESS OR INDUSTRY Highway Const		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington		11. CITIZEN OF WHAT COUNTRY? US		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 384-09-3454
	14A. FATHER'S NAME Charles F. Hauke		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Carrie D. Kelsey		15B. BIRTHPLACE (STATE OR COUNTRY) Ohio		
CAUSE OF DEATH (ITEM 18) 0 0	16. INFORMANT'S SIGNATURE Lillian P. Hauke		ADDRESS Yuma, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 17 1955				
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), OR (C). # THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. # THIS DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MOREBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) Cerebral hemorrhage (B) Hypertensive C-V disease (C) Transurethral Prostatectomy Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 15 min 10 yrs 8 hrs 9 yrs		
	19A. DATE OF OPERATION June 17, 1955		19B. MAJOR FINDINGS OF OPERATION Prostatic hypertrophy with urinary retention		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [Signature] 1955, AND THAT DEATH OCCURRED AT 4:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
OPERATIONS, AUTOPSY 2 Y MEDICAL RTIFICATION	22A. SIGNATURE [Signature]		(DEGREE OR TITLE) MD		22B. ADDRESS Yuma, Ariz.		22C. DATE SIGNED June 17, 1955		
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)				
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED				
CORONER'S RTIFICATION	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE June 18, 1955		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Maricopa, Arizona		
	26A. DATE REC. BY LOCAL REG. 6-17-55		26B. REGISTRAR'S SIGNATURE [Signature]		27A. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary, Inc.		27B. ADDRESS Box 310, Yuma, Ariz.		